IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 100449 PIN# 4637-21-4601 (pt) 4637213853 DATE 6/7/02

OWNER OR CONTRACTOR Blume Road Partners PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Rd. Mooresville NC 28117

LOCATION Browley sub, TR Blume, TR Patternote on Rt.

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 34 LOT AREA 0.91+ AC SITE CLASS PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 3/24/02

Pump Tank: 1000 Gallons; PT 17 Date 12/11/01

Pump Make: LittleGiant Model 9EH Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: 6 Pump Panel Block

Repair System Description: Pump Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

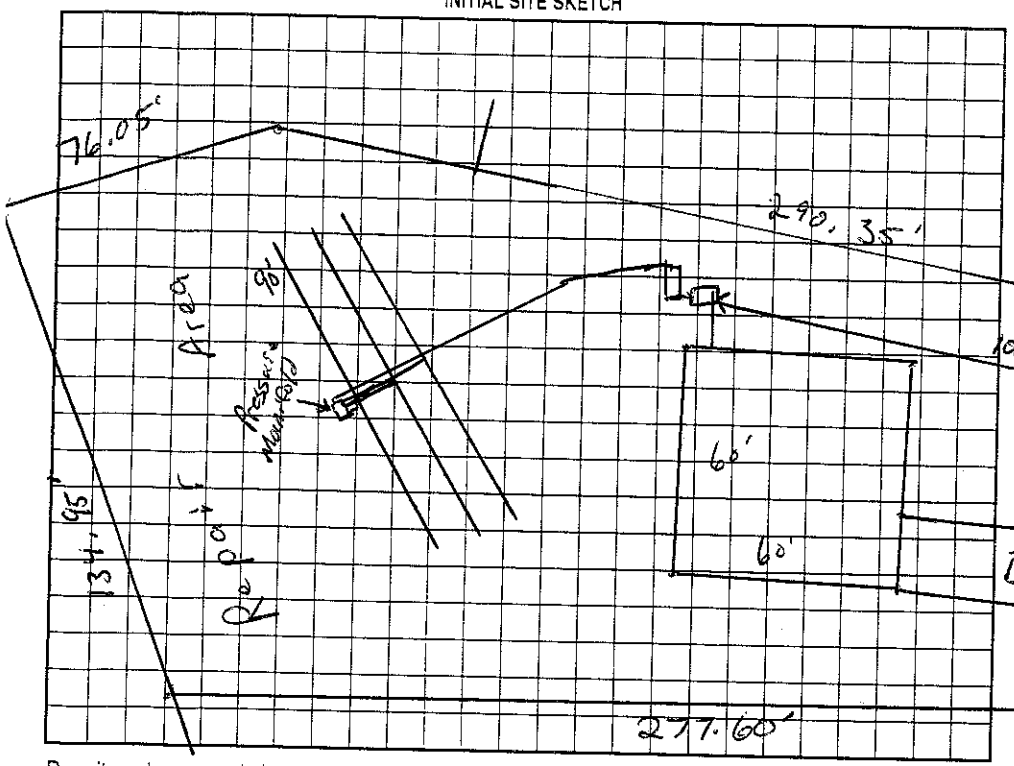
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

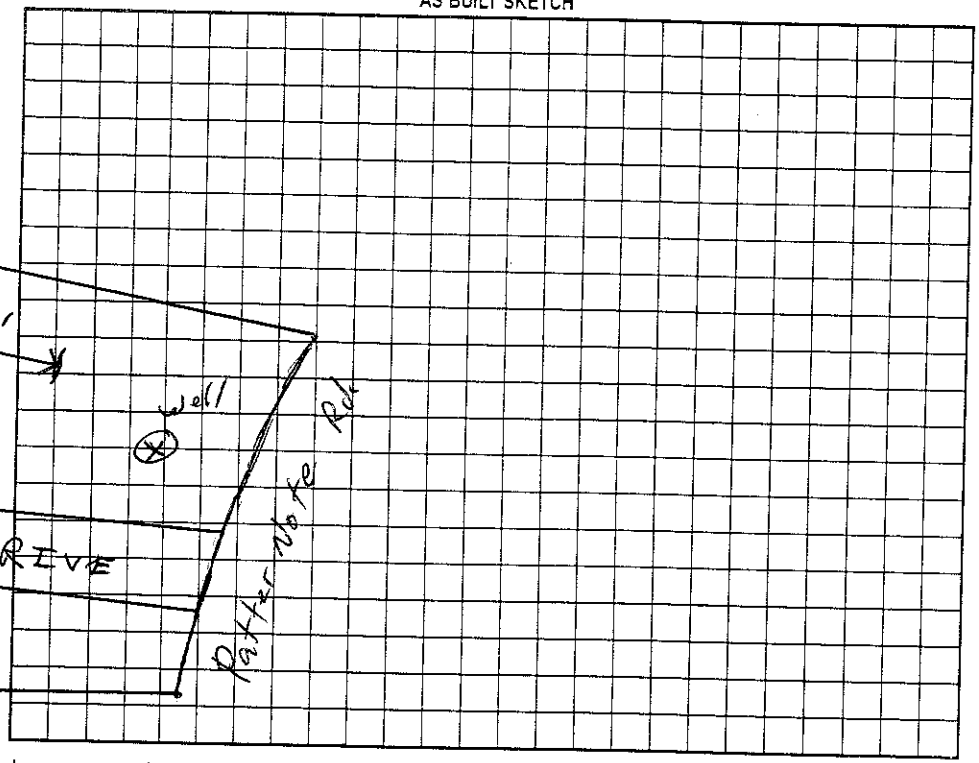
Comments:/Conditions:

Original System was Designed as Conventional but Installer Mistake installed Panel Block System

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Richard Abernathy date _____

Improvement Permit by: RS date 6/7/02

Authorization to Construct by: RS date 6/7/02

Installed by: Richard Abernathy

Operation Permit by: RS date 8/30/02

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK